



Unannounced Care Inspection Report 11 December 2018



Valley Nursing Home

Type of Service: Nursing Home (NH)
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 96 persons.

3.0 Service details

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd Responsible Individual: Paul Warren Gray	Registered Manager: See below
Person in charge at the time of inspection: Ciara Currens	Date manager registered: Kim Truscott – Acting
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 96 comprising of: A maximum number of 58 patients in category NH-DE, in addition two persons may receive care on a day basis only in Tullybroom House and two persons who do not require bath/shower facilities may receive care on a day basis only in the Dementia Unit (Main House). There shall be a maximum of four named residents receiving residential care in category RC-DE and four named residents receiving residential care in category RC-A

4.0 Inspection summary

An unannounced inspection took place on 11 December 2018 from 09.45 to 17.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in the Valley Nursing Home which provides both nursing and residential care.

There have been some changes to management in the home since the last inspection with the deployment of Kim Truscott in the acting manager position.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The previous care inspection on the 30 April and 1 May 2018 resulted in a serious concerns meeting with the homes provider and management team who acknowledged the failings identified and provided RQIA with actions to be taken to address the regulatory breaches identified.

During this inspection we identified evidence of good practice in relation to care delivery, staffing arrangements and falls management. Good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained.

Areas requiring improvement were identified under regulation in relation to the environment and monthly provider monitoring visits.

Areas requiring improvement were identified under care standards in relation to the recording of fluid and repositioning charts, bedrooms being appropriately prepared for new admissions, staffing rotas to include the full name of all staff along with their hours worked and the Adult Safeguarding policy being reflective of Northern Ireland legislation.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*4

*The total number of areas for improvement includes one care standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ciara Currens, nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 28 August 2018

The most recent inspection of the home was an unannounced premises inspection undertaken on 28 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home

- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 patients, one patient's representatives, two visiting professionals and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 3 December and 10 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- seven patient care records including food and fluid intake charts and repositioning charts
- a sample of governance audits
- complaints record
- RQIA registration certificate
- Public Liability Insurance Certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 August 2018

The most recent inspection of the home was an unannounced premises inspection. The completed QIP was not returned in the time frame allocated. The details of the QIP were discussed with the nurse in charge during the inspection and actions have been taken to address the identified area for improvement. This will be validated by the premises inspector at a future inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 April and 1 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: Second time	The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and/or care standards and that action plans are generated to address any areas for improvement.	Met
	Action taken as confirmed during the inspection: Inspector reviewed the monitoring reports for October, November and December 2018 which evidenced that this area for improvement had been addressed.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff. This area for improvement is made with particular focus to the issues identified in body of this report.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that infection control audits were in place. Refurbishment is ongoing and new equipment had been purchased with requests made for additional equipment identified by the home as needing replaced. Staff have had training on infection control.	

<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate and action plan to ensure the necessary improvements can be embedded into practice. Areas for audit should include but are not limited to the following:</p> <ul style="list-style-type: none"> • falls • wound management • infection prevention and control • environment • complaints • incident and accidents <p>Action taken as confirmed during the inspection: A review of the systems in place to monitor the quality of the service evidenced that action plans were generated to improve the practice. Where the home has identified that they require additional equipment they have made a written request for same.</p> <p>This area for improvement has been addressed.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the provision and deployment of staffing in the home (Tullybroom unit) is reviewed to ensure that there are adequate numbers of staff on duty, appropriately deployed, to meet the needs of the patients.</p> <p>Action taken as confirmed during the inspection: A review of the staffing arrangements and on observation of the unit this area for improvement has been addressed.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. Records should be available for inspection.</p> <p>Action taken as confirmed during the inspection: Inspector reviewed two staff recruitment folders which were available during the inspection and they were compliant with employment legislation.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are in place. These should include but not limited to:</p> <ul style="list-style-type: none"> • the arrangements for the evacuation in the event if fire, of all persons in the nursing home and safe placement of patients • all fire exits should be free from obstruction • suitable arrangements and control measures for those patients that smoke. <p>All records with respect to fire safety are maintained and available for inspection.</p> <p>Action taken as confirmed during the inspection: This area for improvement was reviewed and evidenced that improvement had been made.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that robust systems are in place to monitor and ensure nurses' registrations with the NMC and care staffs registration with NISCC. Records should be available for inspection.</p> <p>Action taken as confirmed during the inspection: Records were available on the day of inspection which evidenced that NMC and NISCC checks were being carried out monthly to ensure that staff were registered with the relevant body.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that notifications are submitted to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the home had submitted notifications appropriately.</p>	<p>Met</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient. This includes but not limited to: the use of key coded locking mechanisms within the Tullybroom unit. The circumstances or rationale for each use of restraint must be recorded, alongside the policy and procedure for which they are to be used and when they should be activated.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the area for improvement has been addressed.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered provider should provide RQIA with a breakdown of the categories of care of patients located as per each unit in the home. The registered persons should also endeavour to ensure that patients with differing categories of care needs are supported together in appropriate units.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 22.10</p> <p>Stated: Second time</p>	<p>The registered person shall ensure falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken.</p> <p>Action taken as confirmed during the inspection: Records of falls were available and up to date at the time of inspection. There were no patterns or trends identified.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training identified by the home.</p> <p>Action taken as confirmed during the inspection: A review of this area evidenced that the area for improvement has been addressed.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 39 Criteria 1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all new employees are provided with a structured orientation and induction for their roles and responsibilities. Records should be retained and available for inspection.</p> <p>Action taken as confirmed during the inspection: Inspector reviewed two staff recruitment folders and spoke with several staff members which evidenced that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 24</p> <p>Stated: First time</p>	<p>The registered person shall undertake an audit of the environment to ensure that it is more enabling for the needs of those patients living with dementia.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussions with staff, patient's and management evidenced that positive changes had been made to the home for patient's living with dementia.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the mealtime experience is reviewed in both the Tullybroom and Lane units to ensure they reflect best practice dementia guidelines.</p> <p>Action taken as confirmed during the inspection: A review of the mealtime experience evidenced that this area had been addressed.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 13</p> <p>Stated : First time</p>	<p>The registered person shall ensure that the policy for adult safeguarding is reviewed in line with Departmental policy and regional protocols.</p> <p>Action taken as confirmed during the inspection: Inspector reviewed the policy in relation to adult safeguarding. The policy was not reflective of the updated terminology related to the departmental policy and regional protocols and is therefore stated for a second time.</p>	<p>Not Met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week commencing 3 December and 10 December 2018 evidenced that the planned staffing levels were adhered to on most occasions. The nurse in charge confirmed that the home has an active recruitment plan for more care assistants and a registered nurse for night duty and that agency staff are covering shifts until a full complement of staff have been achieved. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. There were deficits identified within the recording of staffing rotas which are discussed in 6.7.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were generally "covered." We also sought staff opinion on staffing via the online survey.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Valley. One patient discussed their dissatisfaction with having to pay for transport into town as there is no wheelchair transport available. This was discussed with the nurse in charge. We also sought the opinion of patients on staffing via questionnaires.

During the inspection we met with one patient's representative and two visiting professionals who were mainly complimentary of the homes environment and did not raise any concerns regarding staff or staffing levels. Two representatives spoke highly about the delivery of care. One representative spoken with stated that, "There are some really good staff who genuinely care but there are others and it's just a job to them."

We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned which indicated that they were satisfied with the service provision across all four domains. Three questionnaires were returned which did not identify if they were from patients or patients' representatives. The respondents were satisfied with the service provision across all four domains.

Review of two staff recruitment files evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). A discussion was held with the nurse in charge to ensure that all checks are signed by the person in charge of the home once completed.

We discussed the provision of mandatory training with staff and reviewed staff training records for all staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Training was taking place on the day of the inspection in relation to infection control, moving and handling, first aid and adult safeguarding. There was a schedule of further training for the remainder of the week and other training in epilepsy, percutaneous endoscopic gastrostomy (PEG) feed training and management of actual or potential aggression (MAPA) training planned for January 2019. The training matrix was in place and updated monthly by the administrator. On review of the matrix there was a clear system in place for identifying when a staff member had completed their training and when training is next due. A discussion was held with both the administrator and the person in charge to implement a system when new staff have been appointed to enter their name to the list prior to commencing to reduce the risk of them not receiving training. Assurances were provided that the home would implement this going forward.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the person in charge confirmed that they were aware of the regional operational safeguarding policy and procedures were embedded into practice. However, on review of the homes policy it was not reflective of the updated terminology related to the departmental policy and regional protocols. This is discussed further in 6.7.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and informed the care planning process. However, shortfalls were identified in the management of clear instructions on daily fluid and repositioning charts. This is discussed further in 6.5.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the nurse in charge and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The monthly monitoring visits are discussed further in 6.7.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and fresh smelling throughout. It was identified that a cupboard within a patient's bedroom was being used as a store for continence aids, clean laundry bags, bed clothes and blankets. This was discussed with the nurse in charge as a potential infection prevention and control (IPC) issue and the need to establish an area for storage away from the patient's bedroom. The nurse in charge agreed to review this immediately.

Although improvements had been made in relation to IPC from the previous care inspection, there was a number of other issues identified during this inspection such as identified patient equipment inadequately cleaned after use and damaged patient equipment unable to be appropriately cleaned. Assurances from the nurse in charge were provided that these issues would be addressed in accordance with best practice guidelines on IPC and new equipment had already been requested.

During the review of the environment, it was observed that the outdoor smoking area within the Valley suite had an uneven surface presenting as a potential hazard for patients who require wheelchair or mobile aids. This information was shared with the premises inspector following the inspection. This was discussed with the nurse in charge and an area for improvement was made under regulation.

Refurbishment works were ongoing to the home and areas that were identified as needing decorated such as doors, walls and floor coverings were on the homes agenda to address as part of their refurbishment plan. Identified furniture and/or equipment that were scuffed or damaged were discussed with the nurse in charge who confirmed that a request had been made to replace furniture/equipment identified as beyond repair.

Pull cords were observed suspended from sky light windows and attached to a holder on the wall within a number of areas throughout the home. We were advised that ligature risk assessments had not been carried out. The nurse in charge instructed maintenance personnel to remove all cords and advised that a telescopic pole would be purchased for future use to open the windows when required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction and the management of notifiable events.

Areas for improvement

An area for improvement was identified under regulation in relation to the risk management of the pathways of the external smoking area.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake, repositioning records and elimination records of seven patients were reviewed and all evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the SALT or the dietician. However, there was no fluid intake target on any of the dietary/fluid recording charts and the frequency of repositioning to direct care staff was not recorded on the repositioning charts. This was discussed with the nurse in charge and an area for improvement was made under care standards.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work and communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under care standards in relation to accurate details on recording charts to direct relevant care.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.45 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

On inspection of individual patient bedrooms it was observed that a number of chest of drawers were broken. Paint work to walls, handrails and architrave within the dayroom of the Amadeus unit was scuffed and in need of refurbishment. The window blinds to one half of a window in the dayroom of the Amadeus unit was missing with several single blinds also missing on the remaining windows within the second dayroom. The blinds remained closed throughout the inspection and on discussion with one patient he preferred for them to be open but another patient wanted them kept closed. This was discussed with the nurse in charge who agreed that new blinds would be requested and consideration to individual patient choice would be implemented.

A discussion with the nurse in charge and the staff identified that there was a planned admission to the home and a transfer of one patient from one unit to another. On inspection of the two bedrooms it was identified that the rooms were not adequately cleaned and prepared for a new admission. This was discussed with the nurse in charge and an area for improvement under care standards was made to ensure that prior to all admissions to the home or transfers from within the home that a check list is devised to ensure that the room is suitably equipped to meet the holistic needs of the patient.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Review of the activity programme displayed in the foyer and on discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection there were two activity persons on duty who were observed in different locations of the home throughout the day. There was a nativity play on within the Tullybroom unit in the morning and patients appeared to be enjoying the experience. The staff were observed communicating with the patient's throughout the inspection and a quiz was taking place in the afternoon within the Amadeus unit. Patients appeared to enjoy both activities and interacted well with the staff.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment and the improvements that have been made whilst acknowledging that there were further improvements to be made. A discussion with the nurse in charge evidenced that refurbishment is ongoing within the home as previously discussed.

We observed the serving of the lunchtime meal. Lunch commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. There was a pictorial menu on display within the dining room and in the corridor area outside the dining room in the Tullybroom unit.

Consultation with 12 patients individually, and with others in small groups, confirmed that living in the Valley was a mainly positive experience.

Patient comments:

"It's great here."

"I love it here."

"Better than where I was previously. Some staff are better than others."

"It's ok here."

Visiting professional's comments:

Two visiting professionals did not raise any concerns regarding the home or the staff.

"Staff very good."

Representative's comments:

"Some really good staff who genuinely care".

One questionnaire was returned which was from a patients' representative. The respondent was very satisfied with the service provision across all four domains.

Staff were asked to complete an on line survey. There were no responses received at the time of issuing this report.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified under care standards in relation to bedrooms being cleaned and appropriately equipped to meet the holistic needs of the patient prior to admission.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. A certificate of public liability insurance was in date and on display within the foyer of the home.

A discussion was held with the nurse in charge in relation to the deficits identified within the staffing rota as previously mentioned in 6.4. The acting manager and nurse in charge hours were not entered onto the rota and there was no registered nurse in charge identified in their absence. Staff who are employed by the company and who were off on planned leave were either not marked on the rota or had no explanation beside their name. The full name of the staff was not recorded within the rota. An area for improvement was made under Care Standards.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Staff had access to training. The equality data collected was managed in line with best practice.

A review of the homes folder on Adult Safeguarding was available for inspection and contained the updated departmental policy documentation. There was also evidence that management had implemented a position report of any recent adult safeguarding incidents. Training had been provided for staff and the nurse in charge confirmed that there was a champion and an appointed person within the home. All grades of staff were knowledgeable in what action to take in the event of a safeguarding incident. However, on review of the homes policy it was not reflective of the updated terminology related to the departmental policy and regional protocols. The literature was based on the policy within England. This was discussed with the nurse in charge and an area for improvement under care standards was stated for a second time.

On review of the management structure within the home it was unclear how many hours the acting manager was on site within the home. Also, on discussion with a patient and their relative, they were not aware of who was in charge of the home in the registered managers absence. This was discussed with the person in charge to provide relatives and patients with reassurance regarding same. The nurse in charge confirmed that she would display a notice within each unit to inform patients and their representatives of the new management arrangements within the home.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives. This area was reviewed and the last three monitoring visits had some deficits in relation to the recording of information. An area for improvement was made under regulation.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of notifiable events and maintaining good working relationships between staff.

Areas for improvement

Areas for improvement were identified under regulation in relation to the monthly monitoring visits reports.

Areas for improvement were identified under care standards in relation to accurate documentation of staffing rotas and relevant up to date Northern Ireland recording of the Adult Safeguarding policy.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

7.1 Areas for improvement

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciara Currens, registered nurse in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure that the premises both internally and externally are kept in good state of repair. This relates to the uneven surface of the outdoor patient smoking area within the Valley suite.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Quote is being obtained and will be forwarded to head office for authorisation.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure that the person completing the monitoring visits is not in day-day charge of the home.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: This has been reviewed and is to be completed by the visting area manager only.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to fluid and repositioning recording charts:</p> <ul style="list-style-type: none"> • Fluid target should be recorded on daily intake chart over 24 hours. • Frequency of repositioning to be recorded on individual charts. <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been highlighted with the keyworkers of each resident and they are putting the new careplans in place specific to the individuals needs as per Nice guidelines on daily fluid target. Repositioning careplans and repositioning recording sheets are also being updated to specifically meet each individuals need.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that bedrooms are suitably cleaned, prepared and equipped in preparation for patient admissions.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This has been addressed with the housekeeper and the nurse in charge. Check list for cleaning of bedrooms now in place to monitor cleanliness of rooms before new admission arrives. Nurse in charge or home manager to check room is suitably cleaned also.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure that the staffing rota includes the full name of all staff, reasons for absence and the hours of all staff including the manager and the nurse in charge. The nurse in charge must also be highlighted on the rota.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This was put in place following the inspection and can be clearly identified on the rosters.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure that the Adult Safeguarding Policy is reviewed and updated to reflect the regional policy for Northern Ireland.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The policy is currently being updated and will be available for next inspection.</p>

Please ensure this document is completed in full and returned via Web Portal



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